

1165

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF BIRTH	
County of <u>Yuma</u>	State Index No. <u>145</u>		
District of <u>Globe</u>	Co. Register No. <u>793</u>		
Town of <u>Globe</u>	Local Registrar's No. _____		
or _____			
City of <u>Globe</u>	(No. _____ St. _____ Ward _____)		
FULL NAME OF CHILD <u>Joseph Wherry Burt Jr</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
		Legitimate? <u>yes</u>	Date of Birth <u>Dec 7 1920</u> (Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Joseph Wherry Burt</u>		Full Maiden Name <u>Myrtle Eva Williams</u>	
Residence <u>Globe Arizona</u>		Residence <u>Globe, Arizona</u>	
Color or Race <u>White</u>	Age at last Birthday <u>34</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>25</u> (Years)
Birthplace <u>Cornwall, England</u>		Birthplace <u>Central City, Col.</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this mother <u>3</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Dec 7 1920</u> , at <u>9:50</u> P. M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Alvin Krummel M.D.</u> (Attending physician, midwife, householder.)	
Given or Christian name added from a supplemental report _____ 191 _____		Address <u>Globe Arizona</u> <u>B. B. J. & T.</u>	
123-1207-462 COUNTY REGISTRAR.		LOCAL REGISTRAR. <u>B. B. J. & T.</u> COUNTY REGISTRAR.	
Filed <u>12-10</u> 19 <u>20</u>		A True Copy Filed <u>1-4</u> 19 <u>21</u>	